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### APPLICANTS

Daniel John Hare, Oswego, NY;

\*\* CONTINUING DATA \*\*\*\*\* *None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	DRAWING 3	CLAIMS 18	CLAIMS 3
Verified and Acknowledged <u>D.S.Y 5-3-05</u>	Examiner's Signature	Initials			

### ADDRESS

30245  
ANTHONY EDW. J CAMPBELL  
PO BOX 160370  
AUSTIN , TX  
78716

### TITLE

MOTORCYCLE CRASH BAR LIFT

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